

FILED SEP 20 1948

318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31180  
State File No. 7967  
Registrar's No.

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Infirmary Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9/2/48 to 9/9/48  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

HELEN KURUZ

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alex Kuruz 6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased March 10 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 5 29 hr. min.

9. Birthplace Hungary (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Dont Know

13. Birthplace Hungary (City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace Hungary (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Alex Kuruz

(b) Address 5018 Robin Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-48 (Month) (Day) (Year)

(c) Place: burial or cremation Edwardsville, Illinois

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 3320 N. Kingshighway Blvd.

19. (a) SEP 10 1948 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 5018 Robin Ave. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9 year 1948 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from Sept 2, 19 48 to Sept 9, 19 48  
that I last saw her alive on Sept 9, 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma - probable  
Due to Adenocarcinoma of the stomach  
To liver & lymph nodes

Other conditions Atrophic Pt Kidney  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature Cletus Lund Krag (M. D. or other)

Address 5600 Armand St Date signed 9/13/48

(Licensed Embalmer's Statement on Reverse Side)

CLETUS LUND KRAG

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Fred Trick*

Licensed Embalmer No. **3186**

P. O. Address **St. Louis, Mo.**

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**